## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1075292 (

| CLAIMS AS FILED - PART I (Column 1)                                                   |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          | (Column 2)           |                  | _ | SMALL ENTITY TYPE  |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|------------------------------------------|----------------------|------------------|---|--------------------|------------------------|----|-------------------------------|------------------------|--|
| TC                                                                                    | TAL CLAIMS                                                                                                                                                                                                                                                                                                          |                                             | 25           |                                          |                      |                  |   | RATE               | FEE                    | ]  | RATE                          | FEE                    |  |
| FO                                                                                    | R                                                                                                                                                                                                                                                                                                                   |                                             | NUMBER FILED |                                          | NUMBER EXTRA         |                  | Ε | BASIC FEE          | 385.00                 | OR | BASIC FEE                     | 770.00                 |  |
| то                                                                                    | TAL CHARGEA                                                                                                                                                                                                                                                                                                         | BLE CLAIMS                                  | 25 minus 20= |                                          | * 5                  |                  | Ī | X\$ 9=             |                        | OR | X\$18=                        | 90                     |  |
| INDEPENDENT CLAIMS 3                                                                  |                                                                                                                                                                                                                                                                                                                     |                                             |              | ninus 3 =  *                             |                      |                  | 上 | X43=               |                        | OR | X86=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          |                      |                  | ŀ |                    |                        |    | · ·                           |                        |  |
| * If the difference in column 1 is less than zero, enter                              |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          | "0" in c             | rolumn 2         | L | +145=              |                        | OR | +290=                         | 1/0                    |  |
| ·                                                                                     |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          |                      | JOIGHTH Z        |   | TOTAL              |                        | OR |                               | 360                    |  |
| CLAIMS AS AMENDED - F                                                                 |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          | Column 2) (Column 3) |                  |   | SMALL E            | ENTITY                 | OR | OTHER<br>SMALL                |                        |  |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUME<br>PREVIO<br>PAID           | BER<br>DUSLY         | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | * .                                         | Minus        | strak                                    |                      | =                |   | X\$ 9=             |                        | OR | X\$18=                        |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                           | Minus        | ***                                      |                      | =                | - | X43=               |                        | OR | X86=                          |                        |  |
| _                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                             |              |                                          |                      |                  | ┢ | +145=              |                        | OR | +290=                         |                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          |                      |                  | L | TOTAL              | _                      | OB | TOTAL                         |                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | Al                                          | DDIT. FEE    |                                          | JOI 1                | ADDIT. FEE       |   |                    |                        |    |                               |                        |  |
| AMENDMENT B                                                                           | ·                                                                                                                                                                                                                                                                                                                   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | (Colum<br>HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY  | PRESENT EXTRA    |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                           | Minus        | **                                       | •                    | =                |   | X\$ 9=             |                        | OR | X\$18=                        |                        |  |
|                                                                                       | Ind pendent                                                                                                                                                                                                                                                                                                         | *                                           | Minus        | ***                                      |                      | =                |   | X43=               |                        | OR | X86=                          |                        |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                             |              |                                          |                      |                  |   | +145=              |                        | OR | +290=                         |                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          |                      |                  |   | TOTAL<br>ODIT. FEE |                        |    | TOTAL<br>ADDIT. FEE           | •                      |  |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          |                      |                  |   |                    |                        |    |                               |                        |  |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUMI<br>PREVIC<br>PAID           | BER<br>DUSLY         | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE | ·  | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                           | Minus        | **                                       |                      | =                |   | X\$ 9=             |                        | OR | X\$18=                        |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                           | Minus        | ***                                      |                      | =                |   | X43=               |                        | OR | X86=                          |                        |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                             |              |                                          |                      |                  |   | +145=              |                        |    | +290=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                     |                                             |              |                                          |                      |                  |   | TOTAL              |                        | OR | TOTAL                         |                        |  |
| ***                                                                                   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                             |              |                                          |                      |                  |   |                    |                        |    |                               |                        |  |